FINANCIAL STATUS REPORT

(Long Form)

FILE COPY

		(Follow instruction	ons on the back)		
	nd Organizational Element	2. Federal Grant or Other Id By Federal Agency	entitying Number Assigno	đ	OMB Approval Page of No.
to Which Report is Submitted By Federal Agency General Services Administration Title I, Section 101					0348-0039 pages
	ation (Name and complete add	I			
New Mexico Se	cretary of State's Office,	325 Don Gaspar Ste. 3	100, Santa Fe, New I	Mexico 87503	
4. Employer Identification Number S. Recipient Account Number			er or litentifying Number	6. Final Report	7. Basis
85-6000565				☐ Yes ☐ No	Cash Accrual
	tiod (See instructions)	To: (Month, Day, Year)	9. Period Covered by the From: (Month, Day,)		To: (Month, Day, Year)
From: (Month, Da	y, Year)		1/1/2005		12/31/2005
10. Transactions:			1	1	III
			Previously Reported	This Period	Cumulative
a. Total outlays				551,271.89	551,271.89
b. Refunds, rebales, etc.					0.00
c. Program income used in accordance with the deduction alternative					0.00
d. Net outlays (Line a, less tha sum of lines b and c)			0.00	551,271.89	551,271.89
	of net outlays, consisting of:				0,00
e. Third party (i	n-kind) contributions al awards authorizad to be used	to match this award			0.00
				<u> </u>	
g. Program income used in secondance with the matching or cost sharing alternative				.,,,,,	0.00
h. All other recipient outlays not shown on lines c, for g					0,00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00	0.00	0.00
	e of net outlays (line d less line	n			551.074.00
j. Federal Shar	8 Of Net Otaliays little a teas mile	"	0.00	551,271.89	551,271.89
k. Total unliqui	dated obligations				
I. Recipient's s	hare of unliquidated obligations	the state of the s			
m. Federal sha	anoitegilda belebiupilnu lo en				
n. Total Federal share (sum of lines end m)					551,271.89
	al funds authorized for this fundi	ng period			5,000,000.00
Constitute di ince principi di			_		4,448,728.11
p. Unobligated	Delatics of Coddin Invited (2000)	,			4,440,720.11
Program Income,	consisting of:				
q. Disbursed program income shown on lines a and/or g above					<u> </u>
r. Disbursed p	rogram income using the additi	on alternative		}	
s. Undisburse:	1 program income				
t. Total program income realized (Sum of lines q, r and s)					0.00
	a. Type of Rale (Place "X").	n eppropriate box)			
11. Indirect	Provisio		otermined	☐ Final	Fixed Federal Share
Expense	b. Rate	c. Base	d, Total Amount	9 .	Lodgish gunia
12. Remarks: Att	ach any explanations deemed	necessary or information req	ulred by Federal sponsor	ing agency in complianc	e with
governing lag					
13. Centrication:	I cartify to the best of my kn	owledge and belief that this	report is correct and co	omplete and that all out	lays and
unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed No Rebecca Vigil-	eme and Title Giron, New Mexico Sect	etary of State		(505) 827-3631	
- Carrier of Carrier Order				Date Report Submitted	
Signature of Alluhonzad Carrying Offices -				February 28, 2006	